POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	7653†	04-700
O.I.P.E. CLASSIFIER		73	7/13/00
FORMALITY REVIEW	DM	72223	6-7-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	....	Rejected
=	....	Allowed
–	(Through numeral)...	Canceled
÷	....	Restricted

N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

Claim		Date								
Final	Original	1 7 02	5 22 03	4 7 04	8 6 04					
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	2	✔								
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Claim		Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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